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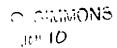
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Se Division of Cor						
CUD IE	C AND	Fishing & Boat Rental LLC	•				
SUBJE	∟I; <u></u>	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Linda Beers					
		-	Name of Person				
		5040 N. Opponskom Divil	Firm/Company				
		5960 N. Oceanshore Blvd					
		Palm Coast, FL 32137	Address				
		lindavickersbeers@gmail.co	City/State and Zip Code				
		E-mail address; (to be used for future annual report notif	ication)			
For furth	ner information c	oncerning this matter, please ea	all:				
Michael	L. Vickers		386 569-9674				
	Name o	f Person		: Telephone Number			
Enclosed	d is a check for th	ne following amount:					
≣ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Coast Fishing & Boat Rental LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 5, 2015 and assigned Florida document number _ Li5000016804 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Erica A, Vickers	5411Muskegeon Street	_
		St. Augustine, FL	
			Remove
			
			□ Change
AMBR	Michael L. Vickers, Jr	5411 Muskegeon Street	_
		St. Augustine, FL	Add
		St. Augustine, FD	■ Remove
		<u></u>	A Kembre
			Change
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ffective date, if other than the	e date of filing:	(optional)
an effective date is listed, the date mu lote: If the date inserted in this b	ist be specific and cannot be prior to date o lock does not meet the applicable stat	f filing or more than 90 days after filing.) Pursuant to 605.020 utory filing requirements, this date will not be listed as
ocument's effective date on the I	Department of State's records.	
e record specifies a delaye The 90th day after the rec		fective time, at 12:01 a.m. on the earlier o
December 19	2018	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00